

#514

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: )  
Stanley S. Toncich ) Examiner: Justin P. Bettendorf  
Serial No. 10/077,654 ) Art Unit: 2817  
Filed: February 14, 2002 )  
For: Tunable Isolator )

**TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**I. DOCUMENTS ENCLOSED:**

In response to the **Office Action**, which was mailed by the Patent Office on  
February 28, 2003, enclosed are:

- Amendment in response to the Office Action dated February 28, 2003
- Request for Three Month Extension of Time
- Power of Attorney and Change of Correspondence Address
- Return Postcard

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**CERTIFICATE OF EXPRESS MAILING**  
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office to Addressee' in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

EV324274121US  
Express Mail Label No.

Kimberly N. Lane  
Name of Person Mailing Paper

August 22, 2003  
Date of Deposit

Kimberly N. Lane  
Signature of Person Mailing Paper

**II. REQUEST FOR EXTENSION OF TIME:**

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 (a) apply.

Applicant(s) petitions for an extension of time under 37 CFR § 1.136 (a) [fees: 37 CFR § 1.16(e)] for the total number of months checked below:

<b>EXTENSION (months)</b>	<b>FEE FOR SMALL ENTITY</b>	<b>FEE FOR OTHER THAN SMALL ENTITY</b>
<input type="checkbox"/> one month	\$55.00	\$110.00
<input type="checkbox"/> two months	\$205.00	\$410.00
<input checked="" type="checkbox"/> three months	\$465.00	\$930.00
<input type="checkbox"/> four months	\$725.00	\$1450.00
<input type="checkbox"/> five months	\$985.00	\$1970.00
		<b>Fee</b> <b>\$930.00</b>

**III. FEES FOR CLAIMS**

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	18	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	2	-	3	=	0	x	\$84.00	\$0.00
Multiple Dependent Claims	\$280.00	(if applicable)				<input type="checkbox"/>		\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$0.00</b>
Reduction by ½ for Filing by Small Entity.						<input type="checkbox"/>		\$0.00
Three Month Extension of Time Fee								<b>\$930.00</b>
<b>TOTAL FEES DUE HEREWITH</b>								<b>\$930.00</b>

**IV. METHOD OF PAYMENT OF FEES:**

A check in the amount of \$930.00 is enclosed to cover the above fee(s).

The Commissioner is hereby authorized to charge Procopio's Deposit Account No. 50-2075 for any fees required and to credit any overpayment to said Deposit Account No. 50-2075.

Should you have any questions, please do not hesitate to contact our office.

Respectfully submitted,

Dated: August 22, 2003

By:

  
Troy M. Schmelzer  
Reg. No. 36,667

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